



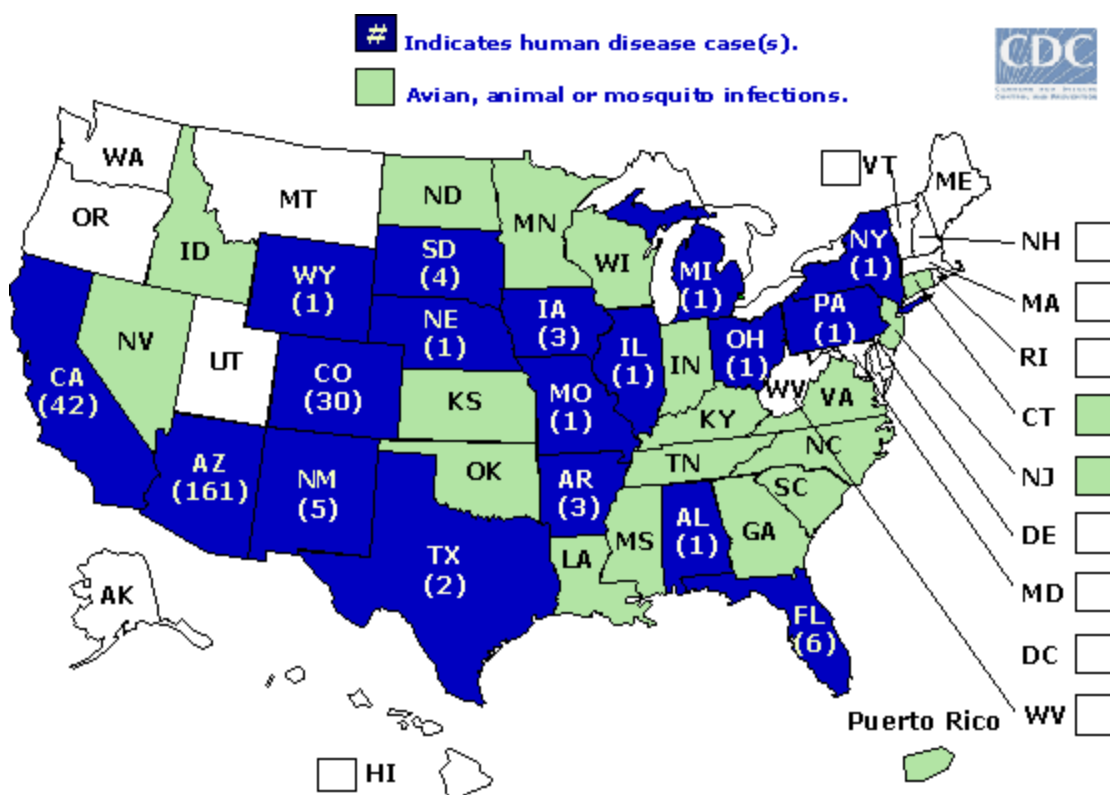
West Nile Virus Newsletter

For the second year, the Department of Health (DOH) is using this electronic newsletter as a regular communication tool for West Nile virus (WNV). It will be provided routinely throughout the summer to keep our partners informed about WNV in Washington State, as well as information from other areas of the country.

Surveillance News

Provided by the Centers for Disease Control and Prevention

2004 West Nile Virus Activity in the United States (reported to CDC as of July 27, 2004)



265 cases thus far in 2004, 44 cases the same week of 2003

As of July 27, 17 states have reported a total of 265 human cases of West Nile virus (WNV) illness to CDC through ArboNET for 2004. Among 256 WNV cases with clinical and demographic data available, the median age was 50 years (range 1-84 years) and 143 (56 percent) were males. Of these 256 cases, 127 (50 percent) were neuroinvasive. In 2004, there have been a total of 6 published WNV-related fatalities. Of these 6 fatal cases clinical and demographic data were available on 5. The median age of these 5 decedents was 69 years (range 48-80 years).

A total of 28 presumptively viremic blood donors (PVD) have been reported to CDC's Arbonet surveillance program through state and local health departments as of July 27, 2004. A PVD is a person who was asymptomatic at the time of donating blood (people with symptoms are deferred from donating) through a blood collection agency, but whose blood tested positive in preliminary tests when screened for the presence of West Nile virus. PVDs are followed up by the blood agency to verify their infection with additional tests. Some PVDs do go on to develop symptoms after donation, at which point they would be included in the count of human disease cases by their state.

In addition, during 2004, a total of 1,513 dead corvids and 162 other dead birds with WNV infection have been reported from 32 states. WNV infections in horses have been reported from 16 states (Alabama, Arizona, California, Florida, Idaho, Kentucky, Mississippi, Missouri, Nevada, North Carolina, Oklahoma, South Dakota, Tennessee, Texas, Virginia, and Wyoming) and in a dog from New Mexico. WNV seroconversions have been reported in 209 sentinel chicken flocks from four states (Arizona, California, Florida, and Louisiana) and in a wild hatchling bird from Ohio. Three seropositive sentinel horses were reported from Puerto Rico. A total of 1,030 WNV-positive mosquito pools have been reported from 18 states (Arizona, Arkansas, California, Georgia, Illinois, Indiana, Louisiana, Michigan, Missouri, Nevada, New Jersey, New Mexico, Ohio, Pennsylvania, South Dakota, Tennessee, Texas, and Virginia).

Additional information about national WNV activity is available from CDC at <http://www.cdc.gov/ncidod/dvbid/westnile/index.htm> and at <http://westnilemaps.usgs.gov>.

Washington Non-human Surveillance Summary

Reported to Washington Department of Health as of July 26, 2004

County	Horses*		Birds**		Sentinel Flocks		Mosquito Pools***	
	Tested	Positive	Tested	Positive	Tested	Positive	Tested	Positive
Adams	0	0	2	0	0	0	0	0
Asotin	0	0	1	0	0	0	0	0
Benton	0	0	10	0	0	0	0	0
Chelan	0	0	4	0	0	0	0	0
Clallam	0	0	2	0	0	0	0	0
Clark	1	0	7	0	0	0	0	0
Columbia	0	0	0	0	0	0	0	0
Cowlitz	0	0	3	0	0	0	0	0
Douglas	0	0	0	0	0	0	0	0

Ferry	0	0	0	0	0	0	0	0
Franklin	0	0	2	0	0	0	0	0
Garfield	0	0	0	0	0	0	0	0
Grant	0	0	2	0	0	0	0	0
Grays Harbor	0	0	1	0	0	0	0	0
Island	2	0	8	0	0	0	0	0
Jefferson	0	0	5	0	0	0	4	0
King	1	0	22	0	0	0	3	0
Kitsap	0	0	0	0	0	0	40	0
Kittitas	0	0	1	0	0	0	0	0
Klickitat	0	0	0	0	0	0	0	0
Lewis	0	0	9	0	0	0	0	0
Lincoln	0	0	1	0	0	0	0	0
Mason	0	0	4	0	0	0	0	0
Okanogan	0	0	0	0	0	0	0	0
Pacific	0	0	1	0	0	0	0	0
Pend Oreille	0	0	0	0	0	0	0	0
Pierce	0	0	8	0	0	0	91	0
San Juan	0	0	3	0	0	0	0	0
Skagit	0	0	2	0	0	0	0	0
Skamania	0	0	0	0	0	0	0	0
Snohomish	0	0	25	0	0	0	3	0
Spokane	1	0	8	0	0	0	0	0
Stevens	0	0	5	0	0	0	0	0
Thurston	0	0	12	0	0	0	0	0
Wahkiakum	0	0	0	0	0	0	0	0
Walla Walla	1	0	3	0	0	0	0	0
Whatcom	2	0	7	0	0	0	0	0
Whitman	0	0	2	0	0	0	0	0
Yakima	0	0	2	0	0	0	0	0
Totals	8	0	162	0	0	0	141	0

*An additional five equine tested negative, but were not included in the table because county/state information was not available.

** An additional 20 bird specimens are pending.

*** USACHPPM-West Report Dated: July 16, 2004

WNV Cases Increasing in California

Data supplied by California Department of Health Services

As of July 28, 2004, 52 WNV infections have been reported in California. Two of these WNV infections were initially detected in asymptomatic individuals through screening done at blood banks; one of these individuals later became symptomatic. Of the 51 WNV cases with symptoms, 23 are classified as West Nile fever cases, 23 are classified as West Nile neuroinvasive disease, and 5 are of unknown status. There has been one fatality to date in California, in an Orange County resident.

For additional information on the status of West Nile virus in California, go to <http://westnile.ca.gov/>.

Research

Long Term Prognosis For Clinical West Nile Virus Infection. Emerging Infectious Diseases 10 (8) August 2004. Available online at <http://www.cdc.gov/ncidod/EID/vol10no8/03-0879.htm>

Anne Labowitz Klee, Beth Maldin, Barbara Edwin, Iqbal Poshni, Farzad Mostashari, Annie Fine, Marcelle Layton, and Denis Nash

Abstract:

Relatively little is known about the long-term prognosis for patients with clinical West Nile virus (WNV) infection. We conducted a study to describe the recovery of New York City residents infected during the 1999 WNV encephalitis outbreak. Patients were interviewed by telephone on self-perceived health outcomes 6, 12, and 18 months after WNV illness onset. At 12 months, the prevalence of physical, functional, and cognitive symptoms was significantly higher than that at baseline, including muscle weakness, loss of concentration, confusion, and lightheadedness. Only 37% achieved a full recovery by 1 year. Younger age at infection was the only significant predictor of recovery. Efforts aimed at preventing WNV infection should focus on elderly populations who are at increased risk for neurologic manifestations and more likely to experience long-term sequelae of WNV illness. More studies are needed to document the long-term sequelae of this increasingly common infection.

The authors are with the New York City Department of Health and Centers for Disease Control and Prevention, Atlanta, Georgia, USA

Opportunity to Comment on National Mosquito Control Collaborative Interim Recommendations

Mosquito control is an important and basic public health function. The rapid spread of West Nile virus across the U.S. in the last five years speaks to the continuing need for organized mosquito control activities. States and local communities are challenged to develop and maintain these essential vector control programs, especially in tight budgetary times and when emergency situations have quieted.

In early 2004, the Association of State and Territorial Health Officials, in partnership with the National Association of County and City Health Officials, established the Mosquito Control Collaborative (MCC) to address state and local mosquito control needs. The purpose of the collaborative was to create the report *Public Health Confronts the Mosquito: Developing Sustainable State and Local Mosquito Control Programs*.

MCC is composed of 21 representatives from state and local governmental agencies as well as public health, environment, agriculture, and mosquito control organizations. Funding for the project was provided by the Centers for Disease Control and Prevention, National Center for Infectious Diseases' Division of Vector-Borne Infectious Disease.

The intent of *Public Health Confronts the Mosquito* is to aid states and localities in their vector control efforts. MCC recognizes that each state and locality is unique, thus the recommendations are broad and applicable to various types and sizes of jurisdictions.

Throughout the summer of 2004, MCC is soliciting feedback on the interim recommendations from organizations and individuals interested in mosquito control. In the fall of 2004, MCC will review the comments and modify the document as needed. Final recommendations are scheduled to be released in winter 2005.

Public Health Confronts the Mosquito is available at <http://www.astho.org/pubs/MosquitoControlInterim7804.pdf>, and the feedback form for the report and its interim recommendations is located at <http://www.inquisiteasp.com/cgi-bin/qwebcorporate.dll?idx=JAKMR9> or at <http://www.astho.org/pubs/Feedback.pdf>.

Community Comments

Let us hear your comments on this newsletter, your needs, or things you would like to see, by sending them to Maryanne Guichard, 360.236.3391 or maryanne.guichard@doh.wa.gov

WNV Web Resources

Washington State Department of Health www.doh.wa.gov/wnv
Center for Disease Control <http://www.cdc.gov/ncidod/dvbid/westnile/>
Washington State University Cooperative Extension <http://wnv.wsu.edu/>
Cornell University, Center for Environment <http://www.cfe.cornell.edu/erap/WNV>
Washington State Department of Agriculture
<http://agr.wa.gov/FoodAnimal/AnimalHealth/Diseases/WestNileVirus/default.htm>

Article Submission

We are interested in receiving articles for future publications of the WNV newsletter. Please submit articles to Tom Gibbs, tom.gibbs@doh.wa.gov.

DOH Contact List for West Nile Virus

General Public Toll-Free Hotline 1.866.78VIRUS

Publications: Brochures/Response Plan/Fact Sheets

Laura Harper, 360.236.3380, or laura.harper@doh.wa.gov.

Surveillance: Mosquito

Jo Marie Brauner, 360.236.3064, or jomarie.brauner@doh.wa.gov.

Surveillance: Dead bird surveillance, horses, case reporting, laboratory assistance, and general WNV response

Tom Gibbs, 360.236.3060, or tom.gibbs@doh.wa.gov.

NPDES: Training, technical assistance

Ben Hamilton, 360.236.3364, or benjamin.hamilton@doh.wa.gov.

WNV in Humans: Clinical information, case reporting, and laboratory testing

Call your local health jurisdiction or DOH Communicable Disease Epidemiology, 206.361.2914 or 877.539.4344.

Assistance with news releases and media response

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